

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	01/08/2022 11:54 (SGT)
Reported by	Driver
Date of Accident	31/07/2022 06:25 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	NEAR JUNCTION TO ANG MO KIO AVE 6
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7760B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-91006215
Alternative Phone No	(Home) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1685

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2419138

#### DRIVER

Name of Driver	ANG GEM SENG
NRIC No	SXXXX278J
Date Of Birth	11/11/1949
Occupation	Outdoor

Date Of Driving Pass	10/05/1969
Driving experience	53 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91006215
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 107 ANG MO KIO AVENUE 4 #07-150
Address complement	-
Postcode	560107
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kebun Baru Neighbourhood Police Post
Police Station Address	Blk 111 Ang Mo Kio Avenue 4 Singapore 560111
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220731/2032

#### ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	NA / Unknown
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	ANG GEM SENG
Gender	Male
Phone No	(Phone) +65-91006215
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SUSTAIN CHEST AND RIB PAIN. FRACTURED RIB.
Injured person in which vehicle?	SH7760B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes



**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time

31/07/2022.

1630HRS

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO LATIFF



Witnessed by Reporting Centre Personnel

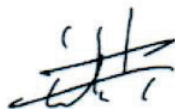


Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20220731/2032

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time 31/07/2022. 1630HRS

FLASH ACCIDENT  
REPORTING OFFICER

FRO LATIFF



Witnessed by Reporting Centre  
Personnel







**SINGAPORE  
POLICE FORCE**

WBL 5849X

96192037



T/20220731/2032

KAZAL

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

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Report No. T/20220731/2032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/07/2022 13:00	Vide Report No.:	Station Diary No.: 8
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**Informant's Particulars**

Name of Informant: ANG GEM SENG		Address: APT BLK 107 ANG MO KIO AVENUE 4 #07-150 SINGAPORE 560107	
ID Type / ID No.: NRIC NO / S0035278J		Contact No.:	Mobile: 91006215
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 72	Date of Birth: 11/11/1949	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/07/2022 06:25	Type of Location: X-Junction
Location:  ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7760B	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220731/2032

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Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

Report No. T/20220731/2032

**CONTINUATION OF REPORT**

Driver			
Name	ANG GEM SENG	ID No.	S0035278J
Related Vehicle	SH7760B (Car)	Contact No.	91006215
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/07/2022	Date Discharge	31/07/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 31/07/2022 at about 0625hrs, I was driving my taxi bearing number SH7760B along Ang Mo Kio Avenue 3. I then came up to a cross traffic junction of Ang Mo Kio Ave 3 and Ang Mo Kio Ave 6 which was red. As such I slowed down my vehicle and came to a complete stop on lane 3 of the junction. About 10 seconds later, while I was waiting for the traffic to turn green, I suddenly felt an impact from the rear of my taxi. My taxi was then pushed forward nearer to the center of the said junction.

I proceeded out to make a check on the accident and discovered a silver in color van had hit the rear of my taxi. I then reversed my taxi as my taxi was disrupting the traffic. Soon after that, the ambulance came and made a check on me. My chest and rib was quite painful at that point of time. I was subsequently conveyed to Tan Tock Seng Hospital. I did not manage to take the particulars of the driver and also the details of the vehicle.

I was later discharged on the same day. The doctor informed that I had a fractured rib and gave me 3 days MC.





**SINGAPORE  
POLICE FORCE**



T/20220731/2032

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

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Report No. T/20220731/2032

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

F /

SR STAFF SGT MUHAMMAD  
SYAZWAN BIN MOHAMAD  
YASIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT TAN JUN YAN  
Contact No.: 65476311

Signature Of Informant:

Date/Time:

31/07/2022 13:00

Classification Of Case:

NP168